


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90231 010 \*\*\*150.00

DOCUMENT # P06000128166	
1. Entity Name PENINSULA MOTORS INC.	

Principal Place of Business 23737 S. DIXIE HWY. NO. 3 MIAMI, FL 33170 US	Mailing Address 23737 S. DIXIE HWY. NO. 3 MIAMI, FL 33170 US
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2. Principal Place of Business - No P.O. Box # <i>23737 S. Dixie Hwy</i>	3. Mailing Address <i>23737 S. Dixie Hwy</i>
Suite, Apt. #, etc. <i>#3</i>	Suite, Apt. #, etc. <i>#3</i>

City & State <i>Homestead, FL</i>	City & State <i>Homestead, FL</i>
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Zip <i>33032</i>	Country <i>Flade</i>	Zip <i>33032</i>	Country <i>Flade</i>
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04252008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DELGADO-ARRIOLA, GUADALUPE 23737 S. DIXIE HWY. NO. 3 MIAMI, FL 33170		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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4. FEI Number 20-5687697	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO ARRIOLA, GUADALUPE 23737 S. DIXIE HWY. #3 MIAMI, FL 33170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELGADO, SOTERO 23737 S. DIXIE HWY. #3 MIAMI, FL 33170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: *04-29-08* Daytime Phone #: *786-286-4932*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR